



DEPARTMENT OF HEALTH & HUMAN SERVICES

Milwaukee County

MARY JO MEYERS • Director

JAMES MATHY • Administrator, Housing Division

CDBG REQUEST FOR REIMBURSEMENT AND REPORTING FORM

AGENCY NAME: _____

AGENCY ADDRESS: _____

PROJECT NAME: _____

PROJECT ADDRESS (if different from above): _____

REPORTING PERIOD COVERED: From: _____ To: _____

TYPE OF REPORT (PLEASE INDICATE WITH AN (X)): _____ QUARTERLY or _____ END OF PROJECT or _____ ANNUAL

PART A. REQUEST/FINANCIAL CONTROL

PAYMENT REQUEST NUMBER	DATE	AMOUNT THIS REQUEST

COUNTY USE ONLY	
AMOUNT APPROVED	BALANCE AVAILABLE

PART B. SUMMARY OF PROJECT PAYMENTS (Please Complete All Applicable Fields)

Use the chart below to note a summary of payment made as part of the grant.

PAYMENT NUMBER	PAYMENT DATE	CHECK NUMBER	CHECK AMOUNT	AMOUNT AWARDED \$ _____ (Subtract payments made from number above.)

The Sponsor certifies that all work was completed in compliance with regulations of the U.S. Department of Housing and Urban Development governing implemation of the Milwaukee County's Community Development Block Grant Program, As specified in the project agreement. Sponsor also certifies that none of the costs reported have been submitted to other funding sources for reimbursement.

PERSON COMPLETING FORM (S) (PRINTED NAME & SIGNATURE)

AUTHORIZING PRINTED NAME & SIGNATURE

PHONE NUMBER & E-MAIL ADDRESS

PART C. CLIENTELE PERFORMANCE DETAIL

Please provide the number of clients or households served to date. Provide racial and ethnic data. The total shall equal total clients/household served. Note: The "Hispanic/Latino" column is the number of clients/households that of the race indicated who also indicate that they are Hispanic/Latino.

Total number of Clients/Households served: _____

RACE	Clients or Households (circle one)	Hispanic/Latino
AMER. INDIAN/ALASKAN NATIVE		
ASIAN		
BLACK/AFR. AMERICAN		
NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		
WHITE		
AMERICAN INDIAN/ ALASKAN NATIVE & WHITE		
BLACK/AFRICAN AMERICAN & WHITE		
ASIAN & WHITE		
AMERICAN INDIAN/ ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER/MULTI RACE		
Total		

Extremely Low-Income Under 30% CMI	Low-Income 30% to 49% CMI	Moderate Income 50% to 80% CMI	Over Moderate Income, Over 80% CMI	Total Clients/Households

PART D. FOR PUBLIC FACILITY IMPROVEMENT PROJECTS ONLY: Schedule of Performance: Clientele and Timeline

Provide timeline for project completion, including information regarding public notices, requesting bids from contractors, bid/contractor selection, implementation phases, etc.

Actual FTE jobs created by project (if applicable): _____

PART E. FOR ECONOMIC DEVELOPMENT ONLY: Jobs Created/Jobs Retained

Please indicate all positions created or retained.

	Full Time	Full Time/Low Mod	Part Time (hours)	Part Time Low/Mod (hours)
Actual Created				
Actual Retained				

Please indicate the businesses that created or retained jobs.

Name	Address	Phone	DUNS #	# of FTE filled by LMI persons	New or Existing Business

Created	Total
Of Jobs Created, Number of Jobs with Employer Sponsored Health Care Benefits	
Of Jobs Created, Number of Person Unemployed Prior to Taking Jobs Created Under this Activity	

Retained	Total
Of Jobs Retained, Number of Jobs with Employer Sponsored Health Care Benefits	

Job Category	Jos Created	Jobs Retained
Officials and Manager		
Professional		
Technicians		
Sales		
Office and Clerical		
Craft Workers(skilled)		
Operatives (semi-skilled)		
Laborers (unskilled)		
Service Workers		